KMEA All-State Chorus

Wednesday-Friday, February 4-6, 2026

Congratulations to your student on making the 2026 Kentucky Music Educators Association All-State Chorus! This event will be held Wednesday, February 4th through Friday, February 6th in Louisville, Kentucky at the Louisville International Convention Center and Kentucky Center for the Arts. It's a three-day event of rehearsing and concludes with a performance by all All-State choral ensembles on Friday evening.

Prior to the All-State event your student will be required to attend a regional rehearsal on **Saturday, January 10th from 9:00 AM. – 1:00 PM at Lexington Christian Academy**. This rehearsal is free of charge and is required by KMEA for participation in All-State Chorus. More details on the regional rehearsal as it draws near.

One parent chaperone is also needed for the three days we will be in Louisville. If you are interested or available please contact me at 859-279-2061 or tiffany.marsh@fayette.kyschools.us

Hotel: Hyatt Regency 320 W. Jefferson Louisville, KY 40202

Transportation: Parents/guardians are required to transport their student to Louisville Wednesday afternoon and Friday evening following concert - see attached release form
NO students may transport themselves to the event.

Cost: **Registration & Music Fee:** $70.00 (due Tuesday, November 25th)
Hotel expense: approximately $230.00 (due Tuesday, January 27)
Meals: $50-60 (depending on person and restaurant – send money with student to February event)
If financial assistance is needed, please contact Mrs. Marsh via email at address above.

Please check a category, fill out, detach, and return with payment ($70.00) to Mrs. Marsh no later than Tuesday, November 25th. Checks payable to: *PLD Choir*. PLD Chorus Boosters will pay one check for all to KMEA.

☐ I, _____ give my student, _____ permission to participate in the 2026 KMEA All-State Chorus which will be held February 4-6 in Louisville, KY. I understand and agree to pay the costs as outlined above.

☐ I, _____ **DO NOT** give my student,_____ permission to participate in the 2026 KMEA All-State Chorus.

Signed_____ _____
(parent/guardian) (date)

*Please return this form signed no later than *Tuesday, November 25th.*

Mrs. Tiffany Marsh, choral director
1600 Man O' War Blvd. • Lexington • Kentucky • 40513 • 859-381-3546
www.pldchoir.org

2025 KMEA All-State Chorus Parent Pick-up Release

⬜ I, _____ will pick up my student, _____
(parent/guardian) (student)
after the final KMEA All-State Chorus performance on Friday, February 6th from the Kentucky Center for the Arts/Hyatt Regency and will release responsibilities of my student from Mrs. Marsh and Paul Laurence Dunbar High School/Fayette County Schools.

Signed_____ _____
(parent/guardian) (date)

The student must check-out with Mrs. Marsh prior to leaving with parents/guardians.

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KENTUCKY MUSIC EDUCATORS ASSOCIATION
2025-26 HIGH SCHOOL ALL-STATE REGULATIONS FOR PARTICIPATION

Dear Parents/Guardians:

We are pleased to announce that on the basis of his/her audition, your child may be selected to represent his/her high school in the 2025 Kentucky All-State Bands, Choruses, Jazz Band, Percussion Ensemble, or Orchestras to be held in Louisville February 4-7, 2026. Registration will be held at the following locations on Wednesday, February 4, between 12:00 p.m. and 4:30 p.m.—

Bands and Orchestras: Galt House Archibald - Cochran
Choruses: Hyatt Regency Ballroom

The choruses will perform on Friday evening, February 6, in the KCA Whitney Hall. The jazz bands will also perform Friday evening in the Galt House Grand Ballroom. The orchestras and bands will perform in the KCA Whitney Hall Saturday afternoon, February 7.

Students will be housed for three evenings at either the Hyatt Regency Louisville or the Galt House. Housing is to be arranged with their choral, band or orchestra director for the three night period, no exceptions.

Each student will be under the supervision of his/her respective director. The conduct of the students is expected to reflect the high values encouraged by your local high school. As a representative of their school system, students are also subject to discipline code that prevails at their local high school.

KMEA Board of Directors rules and regulations:	Penalties for violating rules and regulations:
1. Each school must be chaperoned by the high school band, chorus or orchestra director; a dedicated guitar teacher, or a school administrator.	1. The school shall not be allowed to participate in All-State organizations at the KMEA Professional Development Conference.
2. This form MUST be submitted to the KMEA office with the participation fee. (Music will not be issued until KMEA has this form.) Email completed forms to tori@kmea.org or mail to KMEA, P.O. Box 1058, Richmond, KY 40476. Email is preferred to prevent delays.	2. The student shall not be allowed to participate in All-State organizations at the KMEA Professional Development Conference.
3. There is a 11:30 p.m. curfew for all students. This means the students must be in their own rooms. If students must be out after curfew, they must be accompanied by their director or school administrator and have the written permission form the state division chairperson.	3. Rules will be enforced by the State Division Chair
4. Use of alcohol or drugs is prohibited.	4. The following penalties may be enforced for violation of rules 2, 3, 4, 5, and 6: • Immediate dismissal from the All-State organizations at the parent's expense. • Those students will be denied access to any All-State organizations for the next school year. • Immediate notification to the high school director and principal.
5. Promptness and attendance is required at rehearsals and performances.	
6. Students are expected to abide by the directions given by all directors and the All-State Chairpersons.	
7. The student must remain in "good standing" with his/her school and individual director.	

Appeals may be directed to a KMEA committee consisting of the State Division Chair, KMEA President and the KMEA President Elect.

This form should be discussed by students, parents, directors and school administrators to ensure that the terms of participation are understood. Directors should send a copy to the state office, keep a copy for their records, and send a copy to the parent.

By signing this form, parents acknowledge that photos and videos taken at the All-State rehearsals and performances, which may include their child, may be used by KMEA for promotional purposes.

Paul Laurence Dunbar High School
School

Student's name printed

Student's signature

Director's signature

Parent's signature

All-State ensemble

Parent initial indicates interest in being contacted by Kentucky colleges and universities about scholarship and music department information.

Parent initial _____

Mailing address (only needed if initialed above)

City State Zip

School

Parent's email (only needed if initialed above)

Student is in: ____ Choir ____ Band ____ Orchestra (strings)
____ Guitar ____ Percussion

If relevant, what instrument? _____

Year student will graduate from high school _____

Email completed forms to tori@kmea.org

LAST NAME _____

DUNBAR CHOIR

Field Trip Permission Form

I, the undersigned Parent/Guardian of the student named below, understand the nature of the field trip being planned to the following location:

KMEA All-State Chorus

Date: Wednesday-Friday, February 4-6
Location: Convention Center, Louisville, KY
Transportation: No FCPS Transportation provided
Cost to student: $70 (registration), $230 (hotel), approx. $50-$60 (meals)

STUDENT'S FULL NAME _____ DOB: _____

PARENT'S FULL NAME _____ Emergency Contact #: _____

PARENT/GUARDIAN PERMISSION FORM FOR FIELD TRIPS and MEDICAL INFORMATION

I am in accord with the purposes of and procedures governing the Field trip. I hereby grant permission for my student to participate. I understand that adequate and appropriate supervision will be provided. I recognize, however, that unanticipated situations and problems can arise on any trip, school-sponsored or otherwise, which situations or problems are not reasonably within the control of the supervising teacher(s) or staff (including volunteers). I further agree to release and hold harmless the Fayette County School District Board of Education, their agents, officers, employees and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to my student and the costs of medical services.

In the event of an injury requiring medical attention, I hereby grant permission to the supervising teacher(s) or staff (including volunteers) to attend to my student. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising teacher(s) or staff (including volunteers) to take my student to the Physician, Dentist, or to the hospital if an accident or serious illness occurs on the trip and I cannot be located.

In the event that my student must return to school independently for health, accident, failure to conform to rules established by the teacher in charge, etc. I agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses.

The student's medical form must be on file with the choir office in order to participate in field trips. It is the parent's responsibility to notify us of any changes to the student's medical record.

Parent/Guardian Signature _____ **Date** _____

From FCPS Parent Permission Form for Field Trips

LAST NAME _____

DUNBAR CHOIR

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STUDENT'S FULL NAME _____ DOB: _____

Please list any medical concerns or past medical history of which we should be aware:

_____

_____

Please check below if you student has allergy or sensitivity that needs to be accommodated for travel:

☐ Bee Sting ☐ Nuts ☐ Dairy ☐ Latex ☐ Other: _____

☐ Asthma ☐ Diabetes ☐ Seizure Disorder ☐ Heart Condition ☐ Other: _____

** If my student requires medication, I understand that I am obligated to ensure that the medication and the (FCPS) Medication Authorization Form are on file prior to the trip and I will supply the medication in the original container on the day of the trip. For a student to self-administer any medication (prescription or non-prescription) the Self-Administration Form must be completed by their parent/guardian and physician. Please note, school staff is NOT responsible for self-administered medications. Controlled substances may NOT be self-administered.

INSURANCE COMPANY_____ POLICY NUMBER _____

SUBSCRIBER NUMBER_____ GROUP NUMBER _____

PERSONAL PHYSICIAN_____ PHYSICIAN'S PHONE _____

Parent Home: _____ Parent Work: _____

Parent Cell 1: _____ Parent Cell 2: _____

Additional Emergency Contact: _____ Relationship: _____

Parent/Guardian Signature _____ **Date** _____

To be kept on file for all field trips during the current academic year.